

FILED FEB 14 1941 STANDARD CERTIFICATE OF DEATH

State File No.

2164

Registration District No. 157

Primary Registration District No. 21091

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Pleasant Hill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community years, months or days

3. (a) PRINT FULL NAME Laura Charlotte Johnson
3. (b) If veteran name war name war
3. (c) Social Security No. name war

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife name war 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan 7 - 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
- - 11 hr. min.

9. Birthplace Pleasant Hill, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Frank Johnson
13. Birthplace Independence - Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Dora Drake
15. Birthplace Greenwood, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Johnson
(b) Address Pleasant Hill, Mo.
17. (a) Burial (b) Date thereof 1-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill

18. (a) Signature of funeral director H. J. No. 10
(b) Address Pleasant Hill, Mo.
19. (a) 1-20-41 (b) Mrs. Etta M. Aldridge
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Pleasant Hill, Mo.
(If outside city or town limits write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18 year 1941 hour 11:55 A. M. minute 11 M.
21. I hereby certify that I attended the deceased from Jan 17, 1941, to Jan 18, 1941;
that I last saw him alive on Jan 18, 1941, and that death occurred on the date and hour stated above.
Immediate cause of death Bronchitis - Pneumonia
Duration 24 hr

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy
PHYSICIAN Underlines the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature H. J. No. 10 (M. D. or other) D
Address Pleasant Hill, Mo. Date signed 1/20/41

107

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

W. A. Doyl, Registered Apprentice No.
working under my personal supervision.

Signed W. A. Doyl

Licensed Embalmer No. 51938

P. O. Address Wassonville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2164

Registration District No. 157

Primary Registration District No. 4091

Registrar's No.

1. PLACE OF DEATH:

(a) County: Cass
(b) City or town: Pleasant Hill
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community. (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Laura Charles Johnson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex

F

5. Color or race

W

6. (a) Single, widowed, married, divorced

Child

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

11

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town
(If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Jan day 18 year hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death

Broncho Pneumonia

Due to No complications

Due to

Other conditions (Include pregnancy within 3 months of death)

107

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature L. C. Murray, M. D. (M. D. or other)

Address Pleasant Hill, Mo. Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

